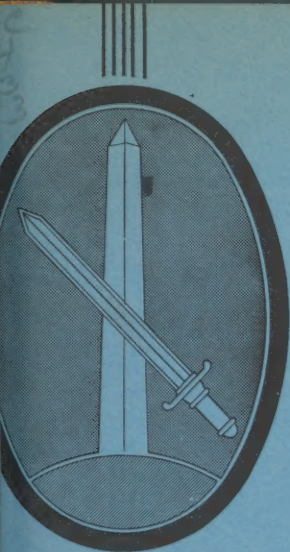


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# MONTHLY HEALTH REPORT



ARMY  
MEDICAL

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VOL 2 NO 1

MILITARY DISTRICT OF WASHINGTON

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# MONTHLY HEALTH REPORT

## INTRODUCTION

THIS DOCUMENT CONTAINS INFORMATION AFFECTING THE NATIONAL DEFENSE OF THE UNITED STATES WITHIN THE MEANING OF THE ESPIONAGE ACT, 50 U.S.C., 31 AND 32 AS AMENDED. ITS TRANSMISSION OR THE REVELATION OF ITS CONTENTS IN ANY MANNER TO AN UNAUTHORIZED PERSON IS PROHIBITED BY LAW.

HEADQUARTERS, MILITARY DISTRICT OF WASHINGTON  
The Pentagon, Washington 25, D. C.





# INTRODUCTION

This publication presents periodic health data concerning personnel of the Department of the Army and Department of the Air Force personnel in the Military District of Washington. It provides factual information for measurement of increase or decrease in the frequency of disease and injury occurring at each of the posts, camps or stations shown herein.

It is published monthly by the Military District of Washington for the purpose of conveying to personnel in the field current information on the health of the various military installations in this area and on matters of administrative and technical interest.

Contributions, as well as suggested topics for discussion, are solicited from Medical Department officers in the field.

*F. V. Kilgore*

FLOYD V. KILGORE  
Colonel, MC  
Surgeon



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# PREVENTIVE MEDICINE

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## GENERAL COMMENT

The general health of the troops of the Military District of Washington has continued to be very good. The non-effective rate decreased from 13.21 for November to 11.11. This rate was the lowest for the 1948 period.

Unless otherwise indicated, references to diseases and injuries in this publication apply to all Class I and II installations exclusive of Walter Reed General Hospital. Rates are calculated on the basis of a thousand mean strength per year.

In consideration of the present mode of operation of the Army Medical Department whereby Army and/or Air Force personnel may be receiving medical treatment at either type department installation, differential health statistics for the Air Force and Army should be evaluated as an overall index of the medical sections of the reporting unit.

The admission from all causes decreased from 312.9 to 281.2 in December. Fort Belvoir reported 134 cases with a rate of 176.6 for the lowest admission rate as compared to Fort Myer (North Post) with 125 cases for a rate of 701.2. Fort Belvoir was the only installation to report a decrease in admission rate.

The rate for admissions due to diseases decreased from 268.3 for November to 249.0. Fort Belvoir and Fort Myer (North Post) reported decreases, all other units showed slight increases in the last report period.

The rate for admissions, caused by injuries dropped 12.4 points from the November rate of 44.6 to 32.2 for December. All units but Fort McNair reflected a decrease in injury rates for December. During the month, 62 cases of injuries were reported for MDW installations.

One CDD was reported from Fort Belvoir. There were no deaths at the reporting installations during the four week period ending 31 December 1948.

The incidence of psychiatric disease increased slightly from a rate of 2.7 to 3.0 for December. A total of 6 cases were reported at Fort Belvoir in December, as compared to the 4 cases during November.

## COMMUNICABLE DISEASE

The incidence of Common Respiratory Disease increased slightly over the November rate of 51.4 to 53.0. Fort Belvoir and Fort Myer (North Post) reported a decrease in respiratory diseases during December.

The rate for all types of pneumonia rose from 2.0 to 5.7.

Influenza rate remained constant at 4.1.

There were 4 cases of mumps reported, 3 at Fort Belvoir and 1 at the General Dispensary. The overall MDW rate for mumps was 2.1 cases per 1000 troops.

One case of tuberculosis and one case of hepatitis was reported at the General Dispensary, USA.

One case of diarrheal disease was reported from each of the following installations: Fort McNair, Fort Myer (North Post), and Fort Myer (South Post).

\*\*\*\*\*

Pertinent Statistical Tables may be found on pages 2 and 4.

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# PREVENTIVE MEDICINE

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## GENERAL DATA

4 Week Period Ending 31 December 1948  
(Data from WD AGO Form 8-122)

STATION	MEAN STRENGTH			ADMISSIONS						Non-Effective Rate	Number of CDD'S	Number of Deaths
	Total	White	Negro	All Causes		Disease		Injuries				
				Cases	Rate	Cases	Rate	Cases	Rate			
Fort Belvoir	7,889	6,949	940	134	176.7	117	154.2	17	22.4	17.91	1	0
Fort McNair	942	868	74	44	485.8	36	397.5	8	88.3	4.16	0	0
Fort Myer (North Post)	1,854	1,626	228	125	701.2	112	628.3	13	72.9	31.88	0	0
Fort Myer (South Post)	1,946	1,946	0	57	304.6	54	288.6	3	16.0	0.90	0	0
General Dispensary, USA	5,656	5,628	28	115	211.4	107	196.7	8	14.7	2.26	0	0
Units not listed above	1,721	1,721	0	66	398.8	53	320.3	13	78.6	1.99	0	0
Total Mil Dist of Wash	20,008	18,738	1,270	541	281.2	479	249.0	62	32.2	11.11	1	0
Army Medical Center	2,595	2,314	281	178	713.4	157	629.2	21	84.2	450.73	112	3
Total Dept/Army Units	22,603	21,052	1,551	719	330.8	636	292.6	83	38.2	61.58	113	3
CLASS III UNITS												
Andrews Air Force Base	3,726	3,725	1	84	234.5	73	203.8	11	30.7	3.50	0	0
Bolling Air Force Base	5,703	5,703	0	153	279.0	149	271.7	4	7.3	7.05	0	1
Washington Nat'l Airport	558	558	0	11	205.0	11	205.0	0	-	0.56	0	0
Total Dept/Air Force Units	9,987	9,986	1	248	258.2	233	242.6	15	15.6	5.36	0	1
Consolidated Total	32,590	31,038	1,552	967	308.6	869	227.3	98	31.3	44.36	113	4

## ADMISSIONS, SPECIFIED DISEASES - RATE PER 1000 PER YEAR

4 Week Period Ending 31 December 1948  
(Data from WD AGO Form 8-122)

STATION	Common Respiratory Disease	Pneumonia All Types	Pneumonia Atypical	Influenza	Measles	Mumps	Scarlet Fever	Tuberculosis	Rheumatic Fever	Diar-rheal Disease	Hepatitis	Malaria	Psychiatric Diseases
Fort Belvoir	14.5	6.6	6.6	2.6	-	4.0	-	-	-	-	-	-	7.9
Fort McNair	110.4	-	-	-	-	-	-	-	-	11.04	-	-	-
Fort Myer (North Post)	50.5	22.4	22.4	11.2	-	-	-	-	-	5.6	-	-	-
Fort Myer (South Post)	74.8	-	-	-	-	-	-	-	-	5.3	-	-	-
General Dispensary, USA	71.7	1.8	1.8	7.3	-	1.8	-	1.8	-	-	1.8	-	-
Units not listed above	114.8	6.0	6.0	-	-	-	-	-	-	-	-	-	-
Total Mil Dist of Wash	53.0	5.7	5.7	4.2	-	2.1	-	0.5	-	1.5	0.5	-	3.0
Army Medical Center	16.0	16.0	12.0	4.0	4.0	-	-	-	-	-	8.0	4.0	4.0
Total Dept/Army Units	48.8	6.9	6.4	4.1	0.5	1.8	-	0.5	-	1.4	1.4	0.5	3.2
CLASS III UNITS													
Andrews Air Force Base	72.6	5.6	5.6	2.8	-	-	-	-	2.8	-	-	-	5.6
Bolling Air Force Base	27.4	5.5	5.5	31.0	1.8	3.6	-	1.8	1.8	9.1	5.5	1.8	10.9
Wash Nat'l Airport	74.5	-	-	-	-	-	-	-	-	-	-	-	-
Total Dept/Air Force Units	46.9	5.2	5.2	18.7	1.0	2.1	-	1.0	2.1	5.2	3.1	1.0	8.3
Consolidated Total	48.2	6.4	6.1	8.6	0.6	1.9	-	0.6	0.6	2.5	1.9	0.6	4.8

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## VENEREAL DISEASE: ARMY TROOPS

The Venereal Disease rate for Army personnel in Class I and II installations in the area continued to reflect an increase over the last report. A total of 48 cases were reported, 32 among white troops and 16 among Negro troops. The overall rate for the period was 22.09 as compared with 19.71 for the last report period.

A decrease in the incidence of V.D. occurred at Fort Myer (North Post), Fort Myer (South Post), Fort McNair, and the Army Medical Center. Fort Belvoir and General Dispensary USA reflected an increase over the rates reported in November.

The rate at Fort Belvoir, which had been showing a decrease during the last 3 report periods, has reflected a rise in December. Of the total of 48 cases occurring in the area 25 were reported by this station for the highest venereal disease rate of any installation in MDW. The white cases more than tripled in November to 16 in December, while Negro cases increased from 6 to 9 during the same period.

## VENEREAL DISEASE: AIR FORCE TROOPS

Venereal disease among personnel in the Air Force Units in the area also increased to a rate of 23.95 which is compared with 19.86 for November.

Washington National Airport was the only unit to report no cases for the period.

## VENEREAL DISEASE: CONSOLIDATED TOTAL (CLASS I, II, AND III INSTALLATIONS)

The consolidated total for all units continued to increase for the report period. The rate increased from 19.76 to 22.66 for December. The white rate increased from 15.16 to 18.43. The Negro rate decreased slightly from 107.80 to 107.22.

Pertinent statistical tables and charts may be found on pages 4, 5, 6 and 7.

The term "Chargeable Cases" as used in this report refers to those occurring among individuals assigned or attached to the reporting station at the time of the diagnosis.

## NEW VENEREAL DISEASES CASES - EXCL EPTS - DECEMBER AND NOVEMBER\*\*

STATION	Rate per 1000 per year	
	DECEMBER 48	NOVEMBER 48
Fort Belvoir	32.96	19.14
Fort McNair	22.08	45.03
Fort Myer (North Post)	16.83	21.35
Fort Myer (South Post)	32.07	41.98
General Dispensary, USA	3.68	-
All Others	18.10	15.82
Total Mil Dist Wash Units	21.31	16.90
Army Medical Center	28.05	41.04
Total Dept/Army Units, Mil Dist of Washington	22.09	19.71
CLASS III UNITS		
Andrews Air Force Base	22.33	14.50
Bolling Air Force Base	27.35	24.81
Washington Nat'l Airport	-	15.58
Total Class III Units	23.95	19.86
CONSOLIDATED TOTAL	22.66	19.76

\*\* Includes all cases reported on Statistical Health Reports WD AGO Form 8-122.

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CHART 1

**ADMISSION RATES BY MONTH, ALL CAUSES, COMMON RESPIRATORY DISEASE AND INJURIES**  
MDW RATES PER 1000 TROOPS PER YEAR

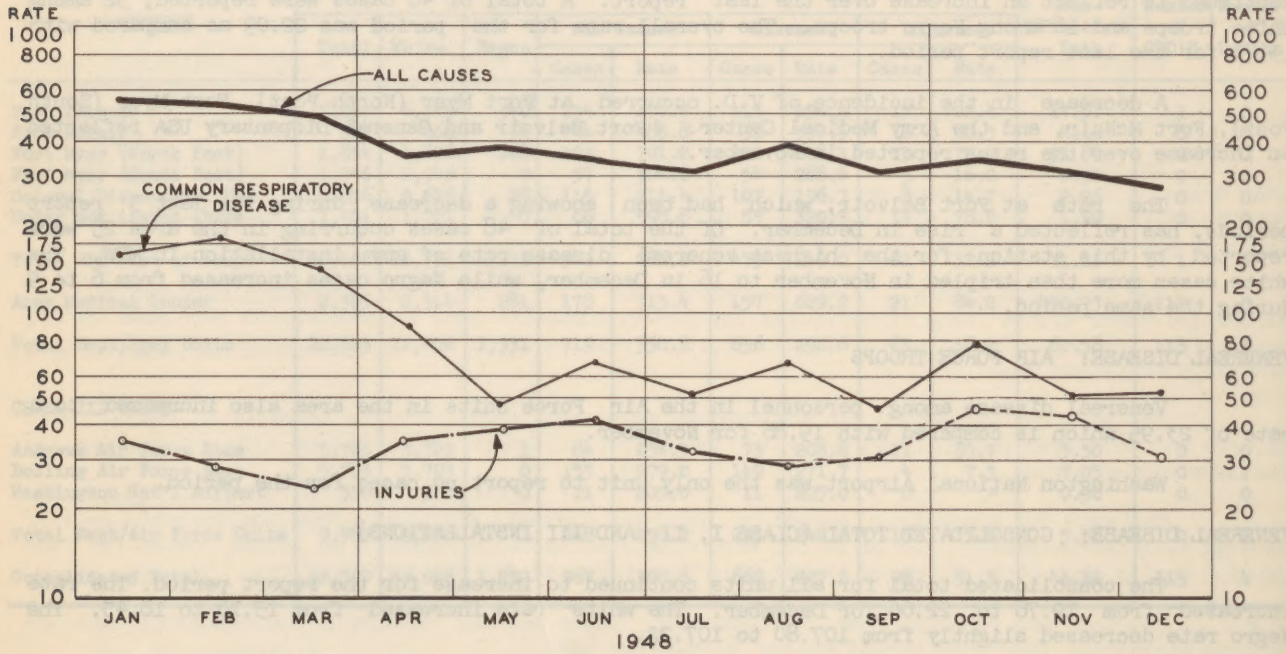
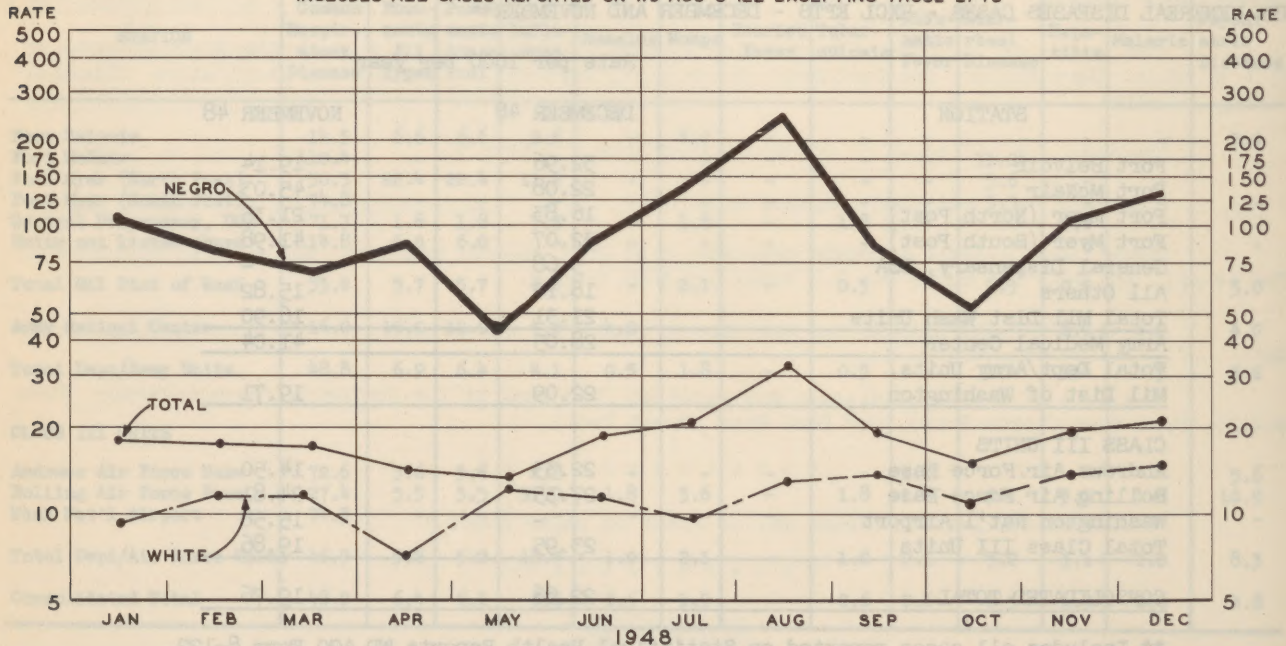


CHART 2

**ADMISSION RATES BY MONTH, VENEREAL DISEASES, MDW INCLUDING ARMY MED CENTER**  
RATES PER 1000 TROOPS PER YEAR

INCLUDES ALL CASES REPORTED ON WD AGO 8-122 EXCEPTING THOSE EPTS



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# PREVENTIVE MEDICINE

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## CONSOLIDATED MONTHLY VENEREAL DISEASE STATISTICAL REPORT For the Four Week Period Ending 31 December 1948 (Data from WD AGO 8-122) (Chargeable Cases)

Station	R A C E	Mean Strength	Number of Cases-EPTS Not Included				Rate per 1000 Troops per Annum	Total Days Lost From Duty (Old & New Cases)
			Syphilis	Gonorrhea	Other	Total		
Fort Belvoir	W	6949	4	12	0	16	23.94	2
	N	940	1	8	0	9	99.57	0
	T	7889	5	20	0	25	32.96	2
Fort McNair	W	868	0	1	0	1	11.98	0
	N	74	0	1	0	1	140.54	0
	T	942	0	2	0	2	22.08	0
Fort Myer (North Post)	W	1626	0	1	0	1	6.40	31
	N	228	1	1	0	2	91.23	22
	T	1854	1	2	0	3	16.83	53
Fort Myer (South Post)	W	1946	1	5	0	6	32.07	0
	N	0	0	0	0	0	-	0
	T	1946	1	5	0	6	32.07	0
General Dispensary, USA	W	5628	0	2	0	2	3.70	0
	N	28	0	0	0	0	-	0
	T	5656	0	2	0	2	3.68	0
All Others	W	1721	0	3	0	3	18.13	0
	N	0	0	0	0	0	-	0
	T	1721	0	3	0	3	18.13	0
Total Mil Dist of Wash	W	18738	5	24	0	29	16.10	33
	N	1270	2	10	0	12	98.27	22
	T	20008	7	34	0	41	21.31	55
Army Medical Center	W	2314	3	0	0	3	13.48	502
	N	281	1	2	1	4	148.04	420
	T	2595	4	2	1	7	28.05	922
Total Dept/Army Units	W	21052	8	24	0	32	15.81	535
	N	1551	3	12	1	16	107.29	442
	T	22603	11	36	1	48	22.09	977
CLASS III UNITS								
Andrews Air Force Base	W	3725	1	7	0	8	22.34	4
	N	1	0	0	0	0	-	0
	T	3726	1	7	0	8	22.33	4
Bolling Air Force Base	W	5703	3	11	1	15	27.35	51
	N	0	0	0	0	0	-	0
	T	5703	3	11	1	15	27.35	51
Wash Nat'l Airport	W	558	0	0	0	0	-	0
	N	0	0	0	0	0	-	0
	T	558	0	0	0	0	-	0
Total Dept/Air Force Units	W	9986	4	18	1	23	23.95	55
	N	1	0	0	0	0	-	0
	T	9987	4	18	1	23	23.95	55
Consolidated Total	W	31038	12	42	1	55	18.43	590
	N	1552	3	12	1	16	107.22	442
	T	32590	15	54	2	71	22.66	1032

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## VENEREAL DISEASE RATES FOR THE US \*

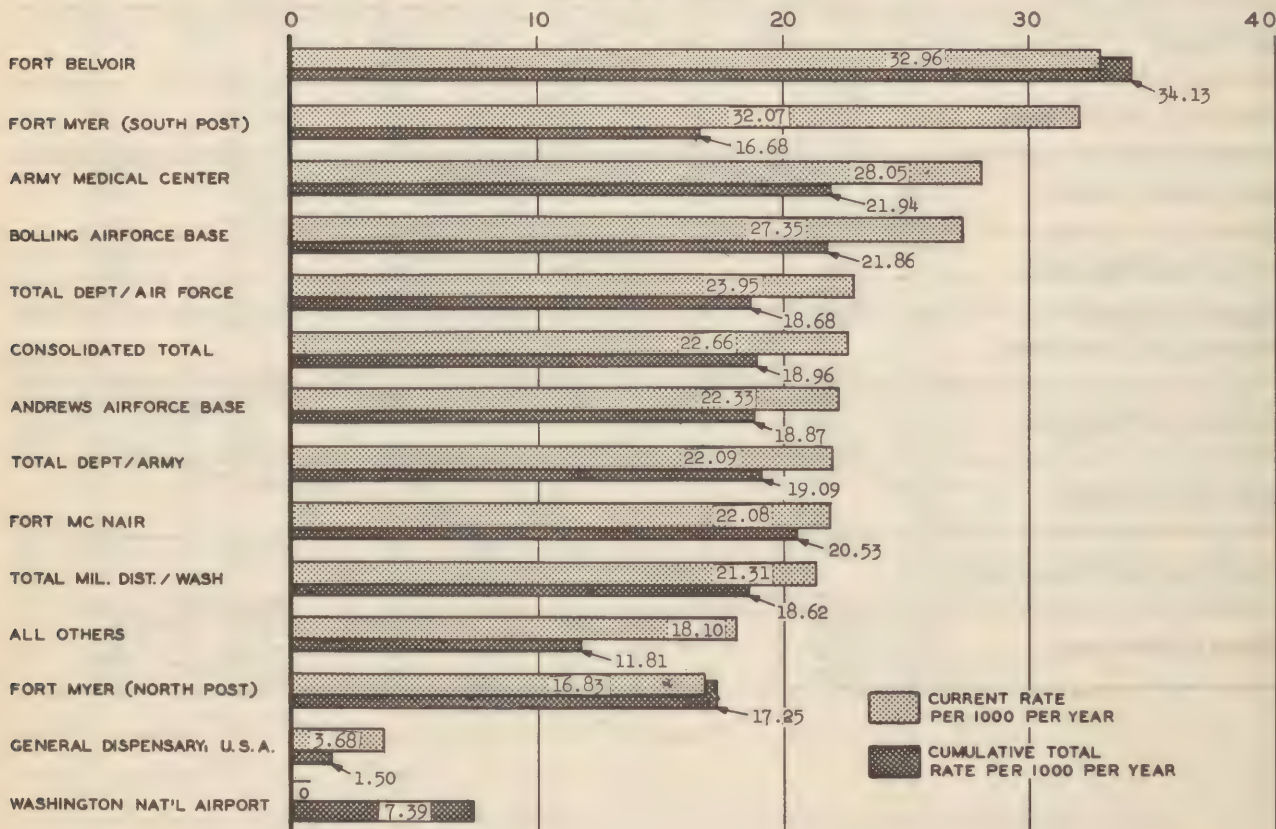
(All Army Troops)

	December 48	November 48
First Army Area	31	33
Second Army Area	27	28
Mil District of Washington	23	20
Third Army Area	32	32
Fourth Army Area	19	23
Fifth Army Area	17	19
Sixth Army Area	24	26

Total United States	25	27
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\* Compiled in the Office of the Surgeon General and includes General Hospitals and Class III Installations.

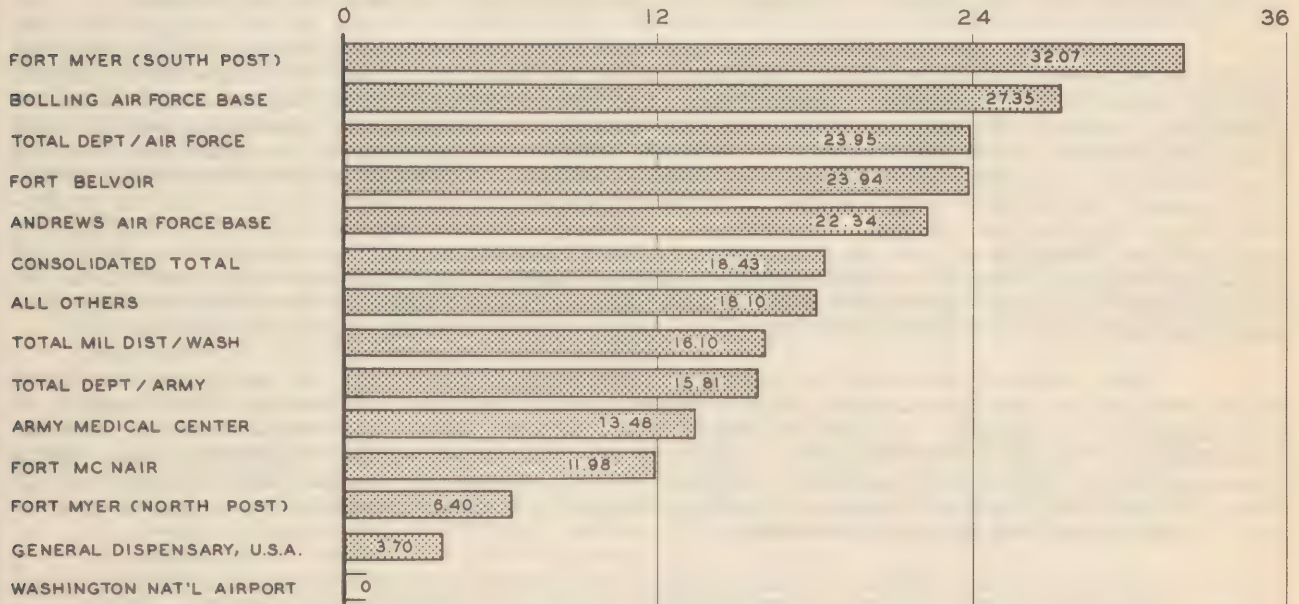
## VENEREAL DISEASE RATES PER 1000 PER YEAR FIVE WEEK & CUMULATIVE TOTALS ENDING 31 DECEMBER 1948 TOTAL WHITE & NEGRO PERSONNEL (CHARGEABLE CASES)



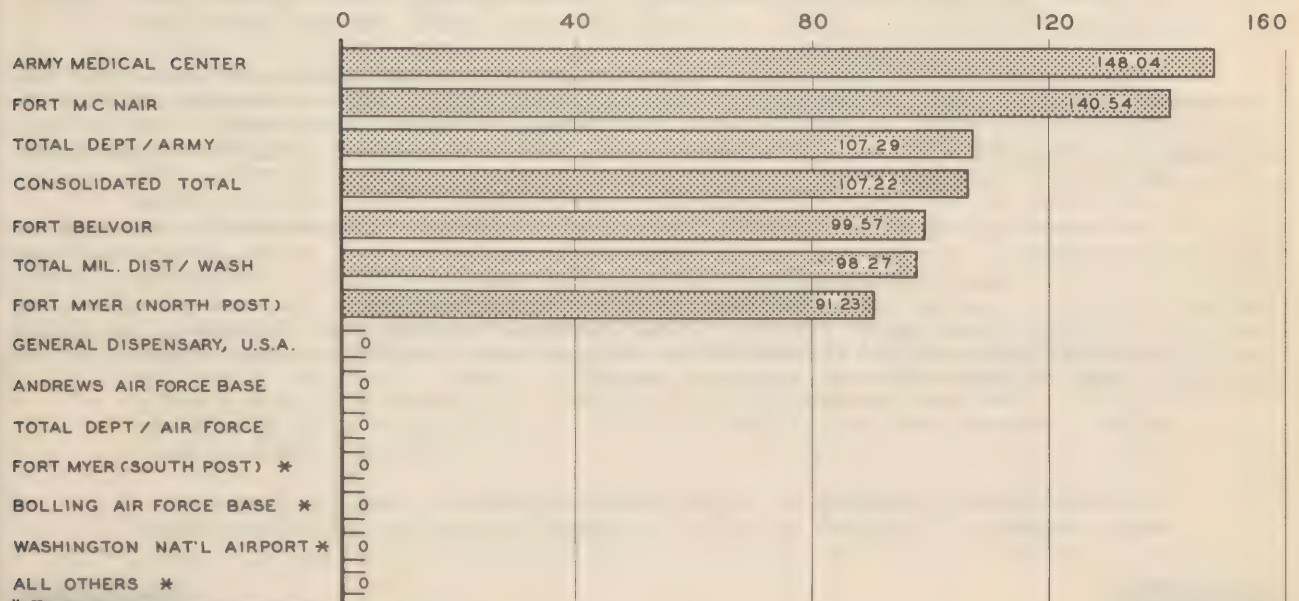
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VENEREAL DISEASE RATE PER 1000 TROOPS PER YEAR  
5 WEEK PERIOD ENDING 31 DECEMBER 48  
WHITE PERSONNEL (CHARGEABLE CASES)



VENEREAL DISEASE RATE PER 1000 TROOPS PER YEAR  
5 WEEK PERIOD ENDING 31 DECEMBER 48  
NEGRO PERSONNEL (CHARGEABLE CASES)



\* No Negro personnel assigned

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## PREVENTIVE MEDICINE

### STAFF RESPONSIBILITIES

There are certain obligations that are peculiar to officers of the Medical Department; and it is of the greatest importance that one thoroughly understand the position of the medical officer in the military hierarchy. The Medical Department is one of the services, as distinguished from the arms. Consult AR 310-10 concerning this differentiation of the component branches of the Army, and become familiar with the limits of responsibility and of authority of each arm and service.

In so far as the operations of the Army as a whole are concerned, officers of the services are staff officers; and their command responsibilities are limited to their own respective branches. This is a good point to remember. Never forget that Medical Corps Officers are not responsible for the medical service of the command in which they are serving unless it be a medical command. The Commanding Officer is responsible; and the Medical Officer's responsibility is limited to advising the Commander, as a staff officer, upon all matters within the purview of the Medical Department. If he accepts this advice, well and good. If he disregards it, also well and good; but the responsibility is his, and the decision, too, is his. A staff officer's own responsibility ends when he has given the commander all the facts in the situation, together with his recommendations, before he makes his decision. Until he makes his decision, a staff officer may argue his convictions as forcefully as is within the limits of propriety; but, once the Commander's decision is made, that particular matter is closed, and the staff must accept the decision and support it loyally.

Next, there is the method of approach to staff responsibilities. One may follow the letter of the regulations; but such a rigid course frequently will lead into difficulties. For example, as the surgeon of a regiment, you are the medical staff officer of the regimental commander and responsible only to him. One duty is to supervise the sanitation of the regimental area, making inspections and keeping the regimental commander fully informed of the sanitary condition of his area. You may even make such reports in writing. Such a course is contemplated in regulations, and is strictly proper from that point of view.

However, habitual resort to such practices will seriously impair the Medical Officer's usefulness in that regiment. He will soon find himself regarded on all sides as a detested snooper, instead of a welcome visitor in company areas. No company commander appreciates the short-comings of his organization being brought to the attention of the regimental commander before he has had an opportunity to rectify them. This is a perfectly normal human reaction. Furthermore, 99 out of every hundred company commanders will appreciate the opportunity to correct sanitary defects before the regimental commander is made aware of them. Thus a staff officer can earn their friendly cooperation, which will insure far better results in the end than following the letter, rather than the spirit, of the regulations. Now it is in no way disloyal to the regimental commander to give the company commanders an opportunity to correct defects before reporting them; and, too, most regimental commanders will prefer such a method since they are interested in results, not in reports.

This consideration of subordinate commanders can with profit be extended even lower than the company commander. The mess sergeant will appreciate the opportunity of correcting sanitary defects before they are brought to the attention of his company commander; and he will, in the usual case, express his appreciation forever after by trying hard to keep his mess exactly as the medical officer desires it to be kept.

The desire to cooperate, however, should never overcome the necessity of carrying out staff responsibility; a happy medium must be reached between the extremes of following regulations to the letter and friendly consideration of subordinate commanding officers. Conveniently "over-looking" defects and perfunctory inspections are unfair to all echelons of the command because they tend to build up a false sense of security. When cooperative methods fail to achieve the desired result, the Medical Officer has no alternative but to report such failures to comply with regulations officially, even though it is not the method of choice.

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## PROFESSIONAL SERVICES

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### AUREOMYCIN

Since the discovery of the sulfonamides there has been an increasing desire upon the part of research investigators to discover if chemotherapeutic agents can be developed which will attack not only the common bacterial invaders, but also the more elusive parasitic invaders, the rickettsial and viral-like infections. Complete success in this direction has not yet been achieved, but may be said to be gradually coming into view. One may speculate that the conquest of true viruses will unquestionably be achieved by the undramatic but substantial process of discovering new antibiotics that are effective against rickettsiae, weak viruses and virus-like diseases, and finally, in due course, discovering antibiotics that will be effective against many or all viruses. This intermediate step has been achieved with the discovery of aureomycin. Additionally, aureomycin has been found effective against Gram-positive and Gram-negative bacteria so that its qualities complement those of penicillin. Its isolation and clinical testing was carried out by the research group at Lederle Laboratories Division, American Cyanamid Company, Pearl River, N. Y. 1,2,3

### PHARMACOLOGY

The original announcement by Duggar<sup>1</sup> described aureomycin as a new antibiotic effective against staphylococci, certain virus-like infections, and the rickettsiae of Q fever, Rocky Mountain spotted fever, typhus and scrub typhus. The substance was also found effective in human patients against lymphogranuloma venereum.

#### Body-Fluid Levels

Present assay methods of blood levels do not permit measurement of lower concentrations than 0.6 micrograms per milliliter of serum. The urinary concentration with intramuscular or oral administration is quite high. Preliminary tests by Dowling and co-workers<sup>4</sup> indicated that measurable blood levels were obtained in all cases up to twelve hours.

Harned and co-workers<sup>5</sup> found that in therapeutic dosage in dogs, aureomycin readily passes the blood-brain barrier, and substantial amounts remained in the blood stream (40 micrograms per cc.) and in the cerebrospinal fluid (0.8 micrograms per cc.) two hours after an intravenous injection. Schoenbach and co-workers<sup>4</sup> found 1.2 to 2.4 micrograms per cc. in the serum following an intramuscular injection of 40 mg. in patients who had been on therapy for five to fourteen days. Bryer and co-workers<sup>7</sup> found serum levels, after injection of 20 mg. per kg. in rabbits and 40 mg. per kg. in dogs intramuscularly, of 1.25 micrograms per cc. from fifteen minutes to sixty minutes after injection, but significant levels did not appear after one hour. Dogs receiving 20 mg. per kg. twice daily regularly had 0.3 to 1.25 micrograms per cc. in the serum, in samples drawn one hour after injection. Wright and co-workers<sup>8</sup> found that the highest blood levels occurred two hours after oral administration of 300 mg., 2 micrograms per cc., of aureomycin. Dowling and co-workers<sup>4</sup> found after the intramuscular injection of 100 mg. to adults that the peak concentration in the blood was reached at about the third hour, detectable concentrations being present at the twelfth hour. After 700 mg. given by mouth, the peak concentration in the serum occurred about the sixth hour, and all sera showed detectable amounts at the twelfth hour.

#### Toxicity

Harmed, Cunningham, and co-workers<sup>5</sup> made a careful and extensive study of the toxicity of aureomycin. The oral toxicity was found to be low, the mortality in mice being only 5% at a dosage of 2500 mg. per kilo. Two unanesthetized dogs were given 3 doses intravenously of 20 mg. per kilo each and two doses orally of 50 mg. per kilo each, in twenty-four hours. No untoward symptoms were observed, except that one dog vomited an oral dose. This was later repeated and retained.

In dogs and cats, intravenous administration of aureomycin appeared to have no significant effect on the blood pressure, or on the response to histamine, epine-

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phrine, acetyl choline, or faradic stimulation of the right vagus. No electrocardiographic changes were caused by doses up to 50 mg. per kilo, and only minor and temporary effects for doses between 50 and 100 mg. per kilo. No significant effects upon respiration or urinary activity were observed.

Following oral administration of aureomycin hydrochloride, the rate of excretion was rapid during the first two hours, slower between the second and fourth and sixth hours. Aureomycin was essentially without effect on the blood sugar or on the activity of the isolated gut or uterus of guinea pigs or rabbits. No evidence of antipyretic or antihistaminic action was noted.

It was found that aureomycin was able to pass the blood-brain barrier into the cerebrospinal fluid in therapeutic amounts, but no quantitative measurements were made. It appeared to be without effect on the central nervous system. No evidence of methemoglobin formation was observed following intravenous dosage.

Schoenbach et al.<sup>6</sup> found that the toxicity of aureomycin was relatively low, and undertook clinical trial in selected infections. The local tolerance to the drug under intramuscular injection was found to be low. Even with simultaneous administration of 1% novocaine a dull drawing pain existed for approximately a one-half hour period. Tolerance to oral aureomycin was good. A purified preparation in gelatin capsules caused nausea and vomiting in only one patient on repeated occasions, but other patients and normal human subjects showed no nausea. In these trials, the highest dosage employed was 100 mg. every two hours, for a patient of 40 kg. in weight.

Bryer and his co-workers,<sup>7</sup> in studying the value of aureomycin in experimental infections in animals, found the approximate LD for intravenous aureomycin in mice to be between 50 and 100 mg. per kg. The LD for subcutaneous injection was between 3000 and 4000 mg. per kg. In a dog, hemoglobinuria and death followed the rapid intravenous injection of 150 mg. per kg.

Repeated subcutaneous and intramuscular injections of aureomycin in these animals were well tolerated except for local irritation, anorexia, and weight loss. No gross or microscopic abnormalities of the viscera were seen at autopsy. One per cent aureomycin borate, locally, in the eye of a rabbit was well tolerated. No antibiotic was detectable in the spinal fluid in these experimental animals.

Patients and normal individuals, ranging in age from 3 to 45 years, have been given from 15 to 30 mg. per kg. of aureomycin daily, over a period of five to twenty days.<sup>6</sup> No evidence of toxicity has been noted, apart from the nausea and local irritation previously mentioned. Careful tests have shown no evidence of urinary impairment, jaundice, or change in icteric index. Cephalin flocculation and prothrombin have been found normal. Repeated blood examinations have not indicated the development of anemia or of any hemolytic process, leukopenia or thrombopenia. Blood chemistry tests have shown normal values for total protein, albumin globulin content or ratio, cholesterol, carbon dioxide, and alkaline phosphatase values. No drug idiosyncrasies, such as rash, hives, drug fever, vertigo, vasomotor or polyneuritic phenomena have been met with.

Dowling and co-workers<sup>4</sup> noted no ill effects from aureomycin given intramuscularly in doses of 5 to 1400 mg., and orally in doses of 100 to 700 mg., except for an immediate stinging or aching sensation at the site of an intramuscular injection. This lasted from fifteen minutes to two hours, being more intense and long lasting when the larger doses were given. They noted no delayed reaction from the injections.

Collins, Paine, and Finland<sup>8</sup> have reported the treatment of about 100 patients with a variety of bacterial infections with oral aureomycin. Significant toxic effects were notably absent. In many cases an initial dose of 4 Gm. was given,

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with a daily dose of 2 Gm. for a period of one to two weeks. Some patients have received one Gm. daily for as long as one month. With the larger doses, there was a higher incidence of minor symptoms.

Although diarrhea was uncommon, loose bowel movements, with frequent bulky and soft stools were a common complaint. The bowel action returned to normal on discontinuing the drug or temporarily decreasing the dose. In a few patients, nausea and sometimes vomiting occurred after one or more doses. This could not always be attributed to the treatment. In a few cases of cystitis a disagreeable "drawing" or "squirming" sensation was noted in the pelvis, which may be related to the high urinary acidity.

Frequent laboratory examinations showed no evidence of anemia ascribable to the drug, or depression of the granulocytes. There was no evidence of renal damage or irritation, no jaundice or other signs of liver impairment due to the antibiotic; neither were there drug rash or fever. It was noted that in two patients who were severely ill, intramuscular injections caused no apparent discomfort. No instance was noted of the development of drug-resistant organisms.

Braley and Sanders<sup>9</sup> stated that, while aureomycin is moderately irritating when injected intramuscularly, the addition of a small amount of procaine hydrochloride almost completely prevented discomfort. Topical administration of aureomycin in patients with staphylococcal ophthalmic infections indicated that an ointment containing the hydrochloride was irritating to nearly all patients although active against the infection, while an ointment prepared with the borate was nonirritating but probably quickly lost its activity.

Wright and co-workers,<sup>10</sup> in reporting the treatment by aureomycin of 35 cases of lymphogranuloma venereum, state that they found the antibiotic to be nontoxic. Very few patients complained of local pains and none had any systemic reaction. No damage to any of the body systems was produced by the daily use of aureomycin over a three-months' period of time. There were no allergic skin reactions, no evidence of agranulocytosis, and no change in the peripheral or central nervous system.

Aureomycin is relatively nontoxic, but patients may become allergic to it in the same way that they become allergic to other antibiotics.

1. Duggar, B.M.: Science News Letter 54:69 (July 31) 1948.
2. Little, P.A.: Use of Aureomycin on Some Experimental Infections in Animals; to be published.
3. Price, C.W.; Randall, W.A., and Welch, H.: Bacteriological Studies on Aureomycin; to be published.
4. Dowling, H.F.; Lepper, M.H.; Sweet, L.K., and Brickhouse, R.L.: Studies on Serum Concentrations in Humans; to be published.
5. Harned, B.K.; Cunningham, R.W.; Clark, M.C.; Cosgrove, R.; Hine, C.H.; McCauley, W.J.; Stokey, E.; Vessey, R.E.; Yuda, N.N., and Subbarow, Y.: The Pharmacology of Duomycin; to be published.
6. Schoenbach, E.B.; Bryer, M.S., and Long, P.H.: The Pharmacology and Clinical Trial of Aureomycin - A Preliminary Report; to be published.
7. Bryer, M.S.; Schoenbach, E.B.; Bliss, E.A., and Chandler, C.A.: Treatment of Experimental Infections with Aureomycin; to be published.
8. Collins, H.S.; Paine, T.F., and Finland, M.: Clinical Studies with Aureomycin; to be published.
9. Braley, A.E., and Sanders, M.: Aureomycin in Ocular Infections. J. A. M. A. 138:426 (Oct. 9) 1948.
10. Wright, L.; Sanders, M.; Logan, M.A.; Grigot, A., and Hill, L.M.: The Treatment of Lymphogranuloma Venereum and Granuloma Inguinale In Humans with Aureomycin. J. A. M. A. 138:408 (Oct. 9) 1948.

(Extracted from "Recent Trends in Antibiotic Therapy" by Lederle Laboratories: 1948)

**RESTRICTED****VETERINARY SERVICE****IMMUNIZATION OF PETS AGAINST RABIES 1949**

Rabies is a highly fatal, communicable, virus disease of animals. It is transmissible to man and therefore, constitutes a serious menace to the health of man as well as to the health of public animals and animal pets. The vaccination of dogs and all other animal pets against this disease is an effective way of preventing it.

All dogs, cats, and other animal pets which are four (4) months of age and older, prior to being maintained on any post, camp, station, or other military reservation, and which are owned by or under the control of military or civilian personnel or organizations must be vaccinated against this disease under the provisions of AR 40-2090, Change 3, dated 11 June 1947.

It is the responsibility of each owner maintaining pets to see that their pets are vaccinated in compliance with AR 40-2090. This can be accomplished by a veterinary officer or a licensed civilian veterinarian. The vaccination procedure, as prescribed by AR 40-2090, requires that a series of three (3) doses be given at approximately seven (7) days intervals. The rabies vaccine used by the Army is procured through normal medical supply channels and the owner is only charged the actual cost.

Small animal clinics are being conducted in the Military District of Washington for rabies immunization as follows:

<u>STATION</u>	<u>DAYS</u>	<u>HOURS</u>
Fort Myer, Virginia	Thursday and Friday	1300 to 1600
Fort Belvoir, Virginia	Monday through Friday	1400 to 1600
Army Medical Center	Monday through Friday	1330 to 1530
Bolling Air Force Base	Monday, Wednesday, Friday	0830 to 0930
Andrews Air Force Base	Wednesday	1330 to 1430

**POUNDS MEAT, MEAT FOOD AND DAIRY PRODUCTS INSPECTED DECEMBER 1948**  
(Data obtained from WD AGO Form 8-134)

<u>STATION</u>	<u>CLASS * 3</u>	<u>CLASS * 4</u>	<u>CLASS * 5</u>	<u>CLASS * 6</u>	<u>CLASS * 7</u>	<u>CLASS * 8</u>	<u>CLASS * 9</u>	<u>TOTAL</u>
Fort Lesley J. McNair		62,255	89,198		151,453	10,902		313,808
Fort Belvoir, Virginia		226,730	247,107		422,341	67,781		964,958
Potomac Yards Distribution Point		327,866	120,924	448,655				897,445
Fort Myer, Virginia		179,968	191,242		356,937	7,202		735,349
Mil Dist/Washington Vet Det	301,081							301,081
US Navy	289,678							289,678
The Pentagon						278,537		278,537
Total	590,759	796,819	648,471	449,654	930,731	364,422		3,780,856
Army Medical Center		209,489	61,770	66	272,259	2,337		545,921
Washington Quartermaster		124,845	85,979		225,092	6,332		442,248
Andrews Air Force Base		80,945	75,577	2,318	143,816	19,090		321,746
Bolling Air Force Base		139,077	144,861	1,246	238,025	47,728		570,937
Total	590,759	554,356	368,187	3,630	879,192	75,487		1,880,852
Grand Total	590,759	1,351,175	1,016,658	453,284	1,809,923	439,909		5,661,708
<b>REJECTIONS:</b>								
Mil Dist Wash Vet Det	9,501							9,501
Not type, class or grade								
Fort Lesley J. McNair		280						280
Unsanitary or Unsound								
US Navy	780							780
Not type, class or grade								
TOTAL REJECTIONS	10,281	280						10,561

\*Class 3 - Prior to Purchase

\*Class 4 - On delivery at Purchase

\*Class 5 - Any Receipt except Purchase

\*Class 6 - Prior to Shipment

\*Class 7 - At Issue or Sale

\*Class 8 - Purchases by Post Exchanges, Clubs, Messes or Post Restaurants

\*Class 9 - Storage

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# DENTAL SERVICE

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DENTAL SERVICE - MONTH OF DECEMBER 1948

STATION	Offi- cers	Days of Duty	Sit- tings	Amal- gam	Oxy and Amal	Sili- cate	In- lays	Bridges	Bridge Repair	Crowns	Dentures			Extrac- tions	Calcu- lus Removed	X-Rays	Examin- ations
											Full	Par- tial	Re- pair				
Fort Belvoir	5	122	1,923	269	487	242	2	3	1	2	11	24	8	297	124	94	947
Fort McNair	1	21	690	288	126	42	0	0	2	0	2	8	1	58	25	33	467
Fort Myer (North Post)	1	23	769	163	46	39	0	0	0	2	6	9	3	42	19	491	338
Fort Myer (South Post)	1	29	270	97	36	9	0	0	0	0	4	6	0	26	5	135	114
General Dispensary, USA	4	110	2,169	493	193	133	1	3	15	3	4	37	18	97	220	862	926
All Others	1	29	232	108	19	23	0	0	1	0	3	8	2	17	0	23	57
<b>Total Mil Dist of Wash</b>	<b>13</b>	<b>334</b>	<b>6,053</b>	<b>1,418</b>	<b>907</b>	<b>488</b>	<b>3</b>	<b>6</b>	<b>19</b>	<b>7</b>	<b>30</b>	<b>92</b>	<b>32</b>	<b>537</b>	<b>393</b>	<b>1,688</b>	<b>2,847</b>

Number of Civilian Dentists and hours worked not included in column 1 and 2 of the above table.

## CARIES PROPHYLAXIS

Recently published reports of an impregnation process for caries prophylaxis by Dr. Bernhard Gottlieb of Baylor University have received much publicity in local newspapers and a national magazine. Dr. Gottlieb's hypothesis concerning the etiology of dental caries differs from that of many leading dental histologists and pathologists. His treatment consists of treating the teeth with several chemicals in order to obstruct the organic invasion roads of the teeth. He states that his method will obtain results in from 90 to 100% of the cases, while sodium flouride adherents claim a 30 to 40% reduction in caries.

It is stated that dental caries is produced by invasion of micro-organisms along unobstructed organic invasion roads. Apparently nature can obstruct these avenues only by calcium deposition. People who are naturally caries immune are fortunate enough to possess body fluids which have deposited calcium, effectively blocking these channels. When the dentinal tubules are obstructed by calcium deposition, nonsensitive dentine is produced and caries resistance is established. Sensitivity of dentine and caries susceptibility is based on the same principle, of open invasion roads. In sensitive dentine the dentinal tubules must be obstructed, while in caries prophylaxis the lamellae and the prism sheaths of the enamel must be obliterated. If chemicals can remove the sensitivity of dentine quickly, they have the capacity of obstructing the dentinal tubules and can also obstruct the organic invasion roads in the enamel.

Dr. Gottlieb in his impregnation uses a 40% aqueous solution of zinc chloride, and a 20% solution of potassium ferro-cyanide. In this we depend on the coagulation of protein and the production of a bulky precipitate insoluble in water thus effectively obstructing the dentinal tubules and obliterating the lamellae and prism sheaths of the enamel, blocking the organic invasion roads of the teeth.

First a thorough prophylaxis is done. It is important to remember to keep the teeth absolutely dry during this impregnation process. Select a group of 3 or 4 teeth to do at a time, isolate them with cotton rolls or preferably rubber dam. Clean the teeth thoroughly with benzine and dry. Moisten the teeth with a 1% nacconal solution, this is a surface tension lowering solution, allowing the following chemicals to penetrate into the fissures better. Then pour into two dappen dishes the 40% of zinc chloride and the 20% potassium ferro-cyanide solution and add a drop of nacconal to each to aid its wetting properties.

Now the coagulation of the organic material and the precipitation of an insoluble salt follows. We apply the zinc chloride solution to the teeth with a cotton pellet, thoroughly rubbing in the solution carrying it through the contacts with dental floss. Leave the solution on the teeth for one minute. Be careful that no excess of these solutions gets on the soft tissues of the mouth. Then rub in the potassium ferro-cyanide in the same manner, water insoluble zinc ferro-cyanide forms. The application of the potassium ferro-cyanide should be repeated every 30 seconds until a milky precipitate appears, this precipitate develops slowly. Repeat this impregnation twice, at an interval of a few days, checking its power of desensitizing dentine which gives us information about its action on caries prophylaxis.

When, following the above precipitation, the desired desensitization is not obtained, a 10% silver nitrate solution may be applied, after employing the potassium ferro-cyanide. This will serve to produce 3 water insoluble salts instead of one. Following these recommendations Dr. Gottlieb states that he gets excellent results in over 90% of his cases.

(From original paper by Major William T. Fisher, Dental Surgeon,  
Fort Lesley J. McNair, Washington, D. C.)

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# MISCELLANEOUS

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## MEDICAL EQUIPMENT STOCK STATUS REPORT

A modern equipment status reporting system for use of unit and station commanders in reporting the status of selected principal items of supply in hands of troops and in station stocks has been devised and will be established in the near future. The tentative date is 31 January 1949. General instructions pertaining to this report will be published within the next few weeks.

Units required to report are those maintaining a Company Property Record (WD Memo 35-6520-6) or a Stock Record Account (TM 38-400 and/or TM 38-403). Reports will cover only those items listed in DA AGO Form 349 including property in use (T/O & E, TE, TA, EML) in storage, on loan, and on memorandum or hand receipts in repair shops.

The initial report will cover only selected items but it is contemplated that the list will be enlarged to include many more items than will initially appear on the forms.

Since this report is concerned with supply and accounting functions for which units and organizations of the Army are responsible, unit commanders and organization supply officers are informed to familiarize themselves with provisions of the following related War Department instructions, where applicable to their particular units or organizations:

1. AR 35-6520, Property Accountability and Responsibility
2. AR 35-6640, Accounting for Lost, Damaged and Destroyed Property
3. TM 38-403, Station Supply Procedures
4. TM 14-904, Accounting for Lost, Damaged and Destroyed Property
5. POM, Preparation for Overseas Movement
6. DA Memo 734-5-10, Small Purchases
7. WD Memo 35-6520-6, Supply and Property Accounting Procedures for Organization and Units

## OUTPATIENT SERVICE

Consolidated statistical data on the outpatient service, Military District of Washington, less Walter Reed General Hospital, and Class III installations for the four week period ending 31 December 1948, are indicated below:

### ARMY:

Number of Outpatients.....11,974  
Number of Treatments.....14,411

### NON ARMY:

Number of Outpatients..... 6,419  
Number of Treatments.....12,326

NUMBER OF COMPLETE PHYSICAL EXAMINATIONS CONDUCTED..... 1,929

NUMBER OF VACCINATIONS AND IMMUNIZATIONS ADMINISTERED.. 3,927

### HOSPITAL MESS ADMINISTRATION (Data from WD AGO Form 8-210)

STATION	September 1948	October 1948	November 1948	December 1948
<b>FORT BELVOIR</b>				
Income per Ration.....	\$ 1.275	\$ 1.237	\$ 1.187	\$ 1.146
Expense per Ration.....	1.265	1.289	1.276	1.203
Gain or Loss.....	+ 0.010	- 0.052	- 0.090	- 0.057
<b>FORT MYER</b>				
Income per Ration.....	1.251	1.243	1.198	1.163
Expense per Ration.....	1.529	1.251	1.036	1.104
Gain or Loss.....	- 0.278	- 0.008	+ 0.160	+ 0.059

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# ADMINISTRATIVE DIVISION

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Following is a list of publications which are of particular interest to the Medical Department:

## DEPARTMENT OF THE ARMY CIRCULARS

Cir No	Subject	Date
374	Career Management Control	3 December 48
375	Annual Physical Examination: Officers and Warrant Officers	3 December 48
377	Supply Discipline	7 December 48
381	Extention of Expiration Dates WD Circular 193, 1947 - Dental Officer Procurement	9 December 48
384	Army Regulations and Special Regulations	10 December 48
385	Army Food Service Schools	13 December 48
386	Hospitalization in Army Hospitals	13 December 48
389	Appointment in the ORC of Warrant Officers and Enlisted Men of AUS	16 December 48
390	O'Seas Shipment of Privately Owned Automobiles	16 December 48
392	Announcement of Tentative Courses for MD Officers	17 December 48
393	Manual for Courts Martial-Distribution	17 December 48
394	Report of Treatment of Pay Patients	21 December 48
396	Medical Service for Dependents in Zone of Interior	23 December 48
400	Withholding of Income Tax from Employees Paid through Non-appropriated Funds	28 December 48
403	Modification of Army Boundaries	30 December 48

## DEPARTMENT OF THE ARMY MEMORANDA

Memo No	Subject	Date
#40-1005-7	Report of MD Personnel	1 December 48
#305-15-10 C 2	List of Recurring Reports	8 December 48

## MILITARY DISTRICT OF WASHINGTON MEMORANDA

Memo No	Subject	Date
#70	Administrative Vehicle Control	1 December 48
#71	Administrative Vehicle Control Amendment	6 December 48
#73	Off Limits	14 December 48

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# 1948 ANNUAL SUMMARY

## MDW HEALTH STATISTICS

TITLE	PAGE
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Communicable Disease 1948	17
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## PREVENTIVE MEDICINE

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### GENERAL SUMMARY 1948

References to diseases and injuries in this summary apply to all Class I and Class II installations exclusive of Walter Reed General Hospital and are calculated on the basis of 1000 mean strength per annum.

A summary of the health statistics of the medical installations reveals that the health of the command during 1948 compared favorably with other military areas. During the period the non-effective rate ranged from 16.81 in February to 11.11 in December. The annual rate was 13.88.

In consideration of the present mode of operation of the Army Medical Department whereby Army and/or Air Force personnel may be receiving medical treatment at either type department installation, differential health statistics for Air Force and Army should be evaluated as an overall index of the medical sections of the reporting unit.

Admissions for all causes during the year totaled 6859 with a resultant rate of 377.9. Of this total, disease accounted for 6217 and injury for 642. The rates were 342.5 and 35.4 respectively. Fort Myer (North Post) reported the highest rate of admissions with 910.5 cases per 1000 troops per year. The lowest rate, 203.0, was reported by Fort Myer (South Post). A gradual decrease in admission rate for all causes of Army troops in the area was experienced during the year from 556.8 in January to 281.2 for December.

All installations ended the year with lower rates than those reported at the beginning of the year. Admissions for disease contributed greatly toward this reduction. The rate declined steadily from 521.6 in January to 249.0 in December, except for slight upward turns in the months of May and August.

Injury rates reflected no general upward or downward trend, a high of 48.7, the rate for October, and a low of 23.5 reported in March were recorded. The annual rate for 1948 is 35.4 cases per 1000. Vint Hill Farms Station reflected an upward trend for the period, beginning with a rate 8.5 in January and increasing to 170.4 in December. The annual rate for the station was 72.9, which was surpassed only by Fort McNair with a rate of 83.2. The latter station's monthly reports for admissions for this cause fluctuated during the year with a low 15.0 in November and a 127.8 high in August.

A total of 154 cases of psychiatric disease were reported during the year with the resultant rate of 8.5 cases per 1000 per year. Cases reported during the year did not reflect a steady rise or fall but varied between 4 and 25 per month.

Deaths among military personnel of Class I and II installations exclusive of Walter Reed General Hospital totaled 6 during the year 1948.

### COMMUNICABLE DISEASE

Respiratory disease incidence reflected an increase in February and then a sharp decline from a rate of 180.8 to 47.1 in May. Subsequent months alternated upward and downward between a high of 79.1 and a low 47.1 rate. No sharp increase was in evidence toward the end of the year in the colder months. The annual rate for 1948 was 83.9.

An annual rate of 5.5 was recorded for a total of 100 cases of pneumonia. Of this total, 64 were pneumonia atypical with a rate of 3.5. Incidence varied from month to month with no particular trend with the highest rate 9.2 for 13 cases reported in August.

Cases of influenza for the annual period totaled 198 for a rate of 10.9. A total of 52 cases and a rate of 332.8 were reported in January while 8 cases were reported in December. Improved diagnostic procedure has undoubtedly attributed much to this reduction.

One case of poliomyelitis was reported among military personnel of the area during 1948. Occurrence of other communicable diseases was not abnormal.

Pertinent Statistical Tables may be found on pages 4 and 18.

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# PREVENTIVE MEDICINE

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GENERAL DATA  
27 December 1947 to 31 December 1948  
(Data from WD AGO Form 8-122)

STATION	MEAN STRENGTH			ADMISSIONS						Non-Effective Rate	Number of CDD'S	Number of Deaths
	Total	White	Negro	All Causes		Disease		Injuries				
				Cases	Rate	Cases	Rate	Cases	Rate			
Fort Belvoir	6,756	5,707	1,049	2,178	316.3	1,948	282.9	230	33.4	24.21	55	4
Fort McNair	908	807	101	474	512.2	397	429.0	77	83.2	4.09	0	0
Fort Myer (North Post)	1,820	1,633	187	1,689	910.5	1,555	838.3	134	72.2	34.27	0	2
Fort Myer (South Post)	1,353	1,353	0	260	203.0	267	193.6	13	9.4	0.42	0	0
General Dispensary, USA	5,225	5,187	38	1,286	241.5	1,192	223.8	94	17.7	2.45	0	0
Units not listed above	1,745	1,745	0	952	535.3	858	482.4	94	52.9	2.38	0	0
Total Mil Dist of Wash	17,807	16,432	1,375	6,859	377.9	6,217	342.5	642	35.4	9.34	55	6
Army Medical Center	2,907	2,578	329	1,967	663.9	1,853	625.4	114	38.5	515.92	1,228	58
Total Dept/Army Units	20,714	19,010	1,704	8,826	418.0	8,070	382.2	756	35.8	84.34	1,283	64
CLASS III UNITS												
Andrews Air Force Base	3,483	3,414	70	943	265.6	817	230.1	126	35.5	4.89	0	7
Bolling Air Force Base	4,982	4,974	7	1,631	321.2	1,460	287.5	171	33.7	9.37	0	14
Washington Nat'l Airport	1,461	1,461	0	389	261.2	362	243.1	27	18.1	1.05	0	4
Total Dept/Air Force Units	9,926	9,849	77	2,963	292.9	2,639	260.9	324	32.0	6.57	0	25
Consolidated Total	30,640	28,859	1,781	11,789	377.5	10,709	342.9	1,080	34.6	59.14	1,283	89

ADMISSIONS, SPECIFIED DISEASES - RATE PER 1000 PER YEAR  
27 December 1947 to 31 December 1948  
(Data from WD AGO Form 8-122)

STATION	Common Respiratory Disease	Pneumonia All Types	Pneumonia Atypical	Influenza	Measles	Mumps	Scarlet Fever	Tuberculosis	Rheumatic Fever	Diar-rheal Disease	Hepatitis	Malaria	Psychiatric Diseases
Fort Belvoir	30.8	9.3	5.5	4.4	0.7	3.8	0.2	1.2	1.2	1.2	1.9	0.6	19.2
Fort McNair	98.3	1.1	-	9.7	-	3.2	-	-	-	20.5	-	-	-
Fort Myer (North Post)	130.4	10.2	9.7	19.4	2.1	3.2	-	1.1	-	3.8	2.2	1.1	-
Fort Myer (South Post)	58.7	-	-	0.7	0.7	-	-	-	-	1.5	0.7	0.7	-
General Dispensary, USA	92.0	1.1	0.9	17.1	-	2.3	-	0.2	-	0.6	0.4	0.6	1.3
Units not listed above	229.4	5.6	1.7	17.4	0.6	1.7	-	-	-	6.7	1.1	-	8.4
Total Mil Dist of Wash	83.9	5.5	3.5	10.9	0.6	-	0.06	0.6	0.4	2.9	1.2	0.6	8.5
Army Medical Center	25.7	7.4	3.4	0.3	0.7	-	-	5.4	0.3	1.0	4.7	1.0	38.1
Total Dept/Army Units	74.9	5.8	3.5	9.4	0.6	-	0.05	1.3	0.4	2.6	1.7	0.6	12.6
CLASS III UNITS													
Andrews Air Force Base	45.1	1.4	1.1	0.3	-	-	-	-	0.3	-	0.3	1.1	0.6
Bolling Air Force Base	25.6	3.9	1.8	16.5	1.2	-	0.2	0.4	0.4	5.5	4.7	2.4	19.7
Wash Nat'l Airport	77.9	0.7	0.7	0.7	-	-	-	-	-	4.0	0.7	-	-
Total Dept/Air Force Units	40.1	2.6	1.4	8.5	0.6	-	0.1	0.2	0.3	3.4	2.6	1.6	10.1
Consolidated Total	64.2	4.7	2.8	9.1	0.6	-	0.06	0.93	0.4	2.8	2.0	0.9	11.8

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# PREVENTIVE MEDICINE

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## VENEREAL DISEASE 1948: ARMY TROOPS

Incidence of venereal disease for the entire year of 1948 among troops of the Military District of Washington excluding Walter Reed General Hospital reflected an general upward trend, broken only by a reduction in rate in April and October. The annual rate for 1948 is 18.62. From the low rate of 12.60 in April, cases reported rose rapidly to a more than doubled rate of 32.55 in August, then fell off sharply in September and October to the lowest rate of the year, 12.30 and again began to rise.

There has been a gradual VD incidence increase among white troops in 1948, with only the rate of 7.0 for April being lower than the 9.80 January rate. The Negro rate varied greatly during the year with a general downward course at the beginning from an 81.9 rate in January to 35.80 in May then upward during subsequent months to a rate of 267.25 in August and a decline to 55.74 in October, with an increase in the last two months of the year. The annual rate for Negro troops of 97.76 is just slightly under the December rate.

Fort Belvoir and Fort McNair has the highest annual rate of the MDW units with 34.13 for the former and 20.53 for the latter.

## VENEREAL DISEASE 1948: AIR FORCE TROOPS

The increased incidence of venereal disease among troops assigned to Air Force Installations in MDW has been comparable with that of Department of the Army personnel. A gradual increase from a rate of 10.5 for January, to the 23.95 rate for December resulted in an annual rate of 18.68.

The rate for white personnel for 1948 was 17.13.

Venereal disease incidence among Negro troops assigned to Air Force units in MDW resulted in an annual rate of 216.61 but because of the low mean strength of 77 this is not a reliable comparative rate. Negro strength in these units for the year varied from zero to 128.

Pertinent statistical tables and charts may be found on pages 20 and 21.

The term "chargeable cases" as used in this report refers to those occurring among individuals assigned or attached to the reporting station at the time of the diagnosis.

## VENEREAL DISEASE-USA \*

	JAN 1948	FEB 1948	MAR 1948	APR 1948	MAY 1948	JUN 1948	JUL 1948	AUG 1948	SEP 1948	OCT 1948	NOV 1948	DEC 1948
First Army Area	33	26	24	28	30	30	29	31	28	32	33	31
Second Army Area	38	26	28	29	33	36	38	44	33	27	28	27
Mil. Dist. Wash.	18	18	18	18	14	17	19	29	20	15	20	23
Third Army Area	53	46	41	38	38	35	39	39	39	35	32	32
Fourth Army Area	31	25	31	27	32	27	29	32	33	23	23	19
Fifth Army Area	30	28	26	24	16	21	24	27	22	25	19	17
Sixth Army Area	38	30	36	33	39	38	33	31	38	29	26	24
TOTAL US	37	30	31	30	31	31	31	34	32	28	27	25

\*Compiled in the Office of the Surgeon General and includes General Hospitals and Class III installations.

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# PREVENTIVE MEDICINE

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## ANNUAL VENEREAL DISEASE STATISTICAL REPORT 27 December 1947 to 31 December 1948 (Data from WD AGO 8-122)(Chargeable Cases)

STATION	R A C E	Mean Strength	Number of Cases-EPTS Not Included				Rate per 1000 Troops per Annum	Total Days Lost From Duty (Old & New Cases)
			Syphillis	Gonorrhea	Other	Total		
Fort Belvoir	W	5707	22	90	0	112	19.25	201
	N	1049	19	104	0	123	115.04	372
	T	6756	41	194	0	235	34.13	573
Fort McNair	W	807	0	13	1	14	17.02	0
	N	101	0	5	0	5	48.57	0
	T	908	0	18	1	19	20.53	0
Fort Myer (North Post)	W	1633	1	21	1	23	13.82	157
	N	187	1	8	0	9	47.22	33
	T	1820	2	29	1	32	17.25	190
Fort Myer (South Post)	W	1353	3	21	0	23	16.68	0
	N	0	0	0	0	0	0	0
	T	1353	2	21	0	23	16.68	0
General Dispensary, USA	W	5187	0	8	0	8	1.51	0
	N	38	0	0	0	0	0	0
	T	5225	0	8	0	8	1.50	0
Units not listed above	W	1745	0	21	0	21	11.81	0
	N	0	0	0	0	0	0	0
	T	1745	0	21	0	21	11.81	0
Total Mil Dist of Wash	W	16432	25	174	2	201	12.00	358
	N	1375	20	117	0	137	97.76	405
	T	17807	45	291	2	338	18.62	763
Army Medical Center	W	2578	12	16	0	28	10.66	8525
	N	329	7	27	3	37	110.34	5028
	T	2907	19	43	3	65	21.94	13553
Total Dept/Army Units	W	19010	37	190	2	229	11.82	8883
	N	1704	27	144	3	174	100.19	5433
	T	20714	64	334	5	403	19.09	14316
CLASS III UNITS Andrews Air Force Base	W	3414	8	43	0	51	14.66	104
	N	70	2	14	0	16	224.26	32
	T	3483	10	57	0	67	18.87	136
Bolling Air Force Base	W	4974	21	88	1	110	21.70	302
	N	7	0	1	0	1	140.16	0
	T	4982	21	89	1	111	21.86	302
Wash Nat'l Airport	W	1461	0	11	0	11	7.39	0
	N	0	0	0	0	0	0	0
	T	1461	0	11	0	11	7.39	0
Total Dept/Air Force Units	W	9849	29	142	1	172	17.13	406
	N	77	2	15	0	17	216.61	32
	T	9926	31	157	1	189	18.68	438
CONSOLIDATED TOTAL	W	28859	66	332	3	401	13.63	9289
	N	1781	29	159	3	192	105.22	5465
	T	30640	95	491	6	592	18.96	14754

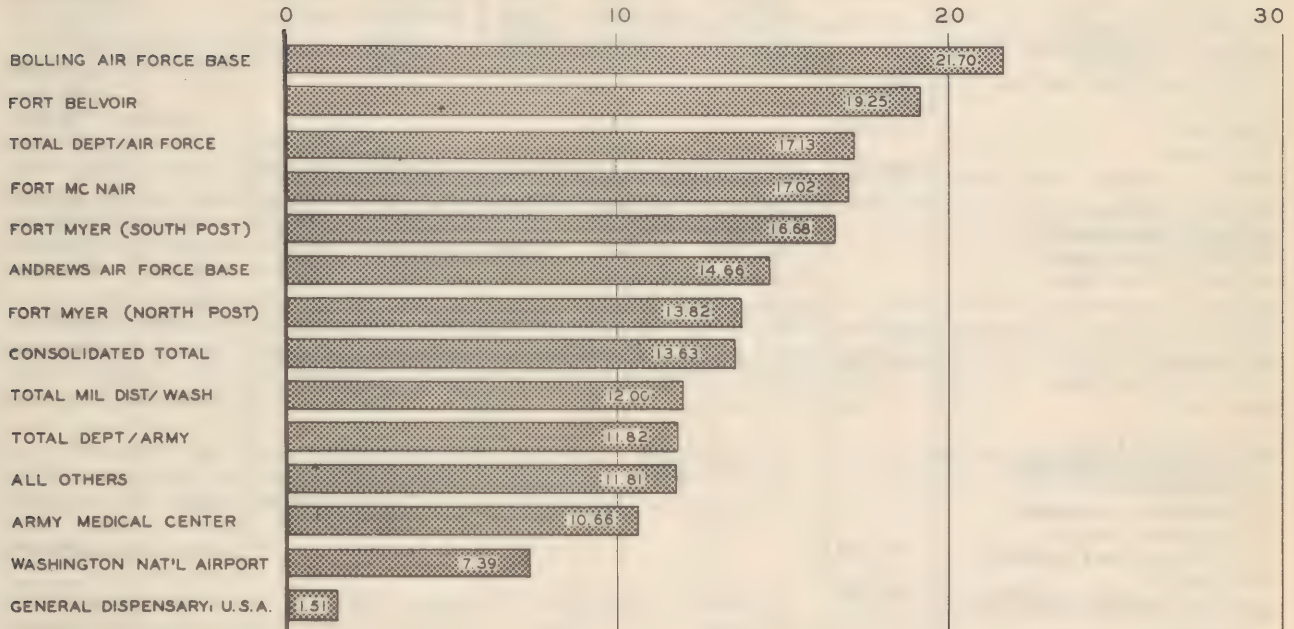
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VENEREAL DISEASE RATE PER 1000 TROOPS PER YEAR

27 DECEMBER 1947 TO 31 DECEMBER 1948

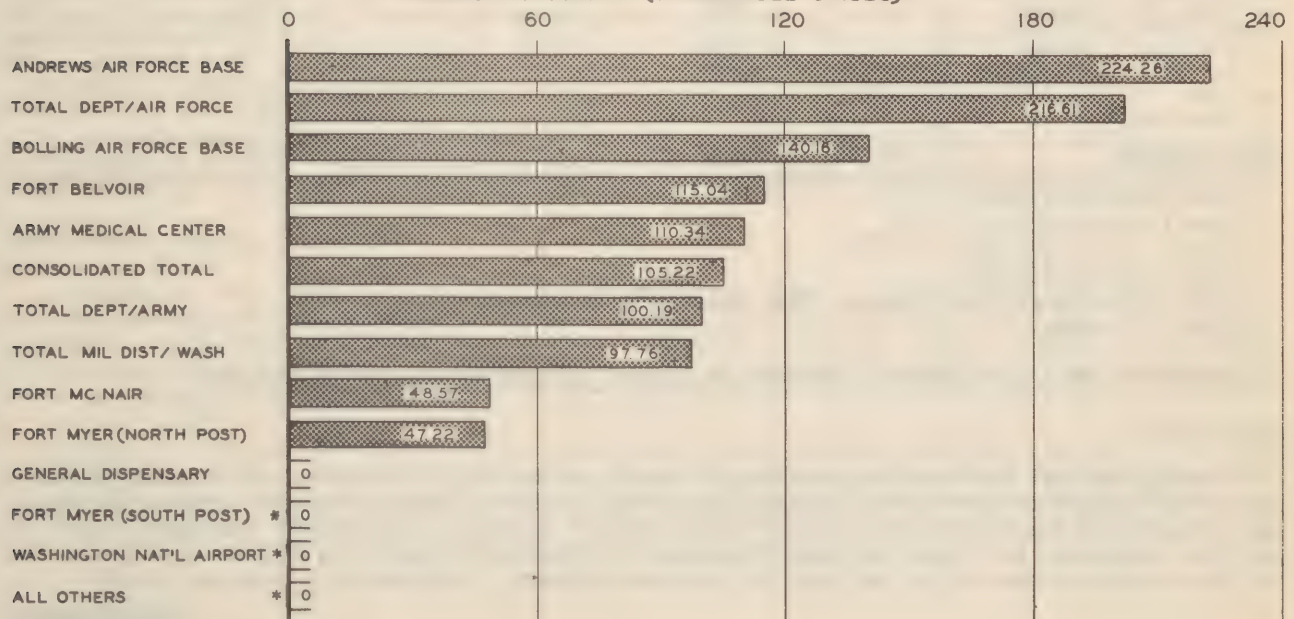
WHITE PERSONNEL (CHARGEABLE CASES)



VENEREAL DISEASE RATE PER 1000 TROOPS PER YEAR

27 DECEMBER 1947 TO 31 DECEMBER 1948

NEGRO PERSONNEL (CHARGEABLE CASES)



NO NEGRO PERSONNEL ASSIGNED

**RESTRICTED****VETERINARY SERVICE**

POUNDS MEAT, MEAT FOOD AND DAIRY PRODUCTS INSPECTED 1948

STATION	CLASS * 3	CLASS * 4	CLASS * 5	CLASS * 6	CLASS * 7	CLASS * 8	CLASS * 9	TOTAL
Fort Lesley J. McNair		686,171	951,116	604	1,630,516	128,393		3,396,800
Fort Belvoir, Virginia		2,775,757	2,505,098	3,403	4,882,981	459,458		10,625,797
Potomac Yards Distribution Point		3,228,181	1,401,476	672,792	46,321			9,348,770
Fort Myer, Virginia		1,988,142	1,957,045	7,028	3,723,502	87,054		7,762,771
Mil Dist/Washington Vet Det	2,892,201							2,892,201
US Navy	2,218,013							2,218,013
US Marines	56,552							56,552
The Pentagon						3,144,519		3,144,519
Total	5,166,766	8,678,251	6,814,735	4,683,827	10,282,420	3,819,424		39,445,423
Army Medical Center		2,495,084	564,032	890	2,931,451	93,352		6,084,809
Washington Quartermaster		1,143,234	704,050		2,058,581	72,048		3,977,913
Andrews Air Force Base		826,781	929,465	3,084	1,801,871	201,258		3,762,459
Bolling Air Force Base		1,558,935	1,345,182	1,246	2,860,210	433,766	13,651	6,212,990
Total		6,024,034	3,542,729	5,220	9,652,113	800,424	13,651	20,038,171
Grand Total	5,166,766	14,702,285	10,357,464	4,689,047	19,834,533	4,619,848	13,651	59,483,594
REJECTIONS:								
Washington QM Depot								
Insanitary or Unsound		960						960
Andrews AF Base								
Insanitary or Unsound					340	203		543
Mil Dist/Wash Vet Det								
Not type, class or grade	194,150							194,150
U.S. Marines								
Not type, class or grade	20,627							20,627
Ft. McNair								
Insanitary or Unsound		1,098						1,098
Bolling AF Base								
Not type, class or grade		959			34	434	34	1,461
U.S. Navy								
Not type, class or grade	176,083							176,083
Insanitary or Unsound	648							648
Army Medical Center								
Not type, class or grade		587				40		627
Ft. Belvoir								
Insanitary or Unsound		298				128		426
Potomac Yards Dist. Point								
Insanitary or Unsound		150						150
Not type, class or grade		1,688						1,688
Ft. Myer								
Insanitary or Unsound		1,786				150		1,936
TOTAL REJECTIONS	391,508	7,526			374	955	34	400,397

\* Class 3 - Prior to Purchase

\* Class 4 - On delivery at Purchase

\* Class 5 - Any Receipt Except Purchase

\* Class 6 - Prior to Shipment

\* Class 7 - At Issue or Sale

\* Class 8 - Purchases by Post Exchanges, Clubs, Messes or Post Restaurants

\* Class 9 - Storage.

DEPARTMENT OF THE ARMY VETERINARY SERVICE IN MILITARY DISTRICT OF WASHINGTON FOR 1948

## INTRODUCTION

During the year 1948 the Army Veterinary Service of the Military District of Washington conducted the inspection service for all meat, meat food, dairy, poultry and seafood products purchased and consumed by the Armed Forces within the District. Inspection at time of purchase (Class 3) was also provided for meat and milk purchased within the Military District of Washington, by neighboring Army Areas and by the Navy for overseas shipment. Professional care was provided for

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## VETERINARY SERVICE

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the U. S. Government horses and mules located at the various Army and Marine Corps installations. Veterinary small animal clinics were conducted in MDW for administering rabies and distemper inoculations and emergency treatments to pets of members of the Armed Forces.

### PERSONNEL

Veterinary personnel of the Military District included three officers, thirteen enlisted men and two civilians.

### PUBLIC ANIMALS

The U. S. Government animals of the Military District included 92 horses and 4 mules. Of this number 60 are located at the Marine Barracks, Quantico, 16 at Ft. Belvoir, 20 at Ft. Myer. Of the horses located at Ft. Myer 14 are used for ceremonial purposes and 6 are utilized by the laboratories of the Army Medical Center at Walter Reed.

Daily inspections of the public owned animals, private mounts and stables were made. Animals in need of medical or surgical treatment were cared for at the veterinary hospital. During the year no contagious or infectious diseases were encountered. Animals examined and treated totaled 326 during 1948. Mallein tests for glanders that were administered totaled 108; 97 animals were inoculated for encephalomyelitis and 87 animals immunized against tetanus.

The station veterinarian of Ft. Belvoir made 31 trips to the Marine Barracks at Quantico. Routine inspection of public owned animals, private mounts and stable inspections were made. Medical and surgical treatments were rendered as required.

### FORAGE INSPECTION

During the year 385,806 pounds of forage were inspected. This included 3,500 pounds of bran, 190,820 pounds of hay, 108,177 pounds of oats, and 83,315 pounds of straw.

### SMALL ANIMAL CLINIC

Due to the large number of service personnel stationed within the Washington area the number of small animals presented at the veterinary clinics of Ft. Myer and Ft. Belvoir was extremely high and required considerable time. During the year 3,044 pets were examined, treated and inoculated. Physical examinations were conducted and health certificates provided. Emergency treatments and laboratory examination for internal parasites were performed. Rabies and distemper inoculations were administered.

### INSPECTION OF MEAT AND DAIRY PRODUCTS

Sanitary inspections of establishments serving as sources of food supply for the Armed Forces were inspected monthly. There were 9 dairies, 6 ice cream plants and 70 meat, poultry and seafood establishments. (Tabulation of Veterinary Statistical information appears in the chart on page 22.)

### VETERINARY LABORATORY SERVICES

Samples of meat food products on Class 3 inspection were submitted at regular intervals for laboratory examinations and analysis. Samples of milk, ice cream and other dairy products were collected at the several Army Posts, the Pentagon Restaurant and at the various stages of processing for overseas shipment. During the year, 1,328 samples of meat and dairy products were submitted for laboratory examination and analysis.

Tests on milk and dairy products include bacteria count, specific gravity, butter fat, solids not fat, total solids and coliform organisms. Tests conducted on meat products include the amounts of protein, actual moisture, normal moisture, fat, allowable fat and the presence or absence of cereal. Samples not meeting public health standards or specifications are reported immediately to the vendor and necessary action is taken to correct any discrepancies.

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## MISCELLANEOUS

### HOSPITAL MESS ADMINISTRATION (Data from WD AGO Form 8-210)

#### FORT BELVOIR - 1948

MONTH	INCOME PER MONTH	EXPENSE PER MONTH	GAIN OR LOSS PER MONTH
January	1.1800	1.2500	-.0700
February	1.2000	1.2000	.0000
March	1.1000	1.2000	-.1000
April	1.1100	1.2000	-.0900
May	1.1200	1.1300	-.0100
June	1.1700	1.1100	+.0600
July	1.1970	1.1800	+.0170
August	1.2670	1.2480	+.0180
September	1.2758	1.2658	+.0100
October	1.2370	1.2890	-.0520
November	1.1866	1.2761	-.0895
December	1.1460	1.2030	-.0057
Mean (Average 1948)	1.1824	1.2127	-.0303 Loss

#### FORT MYER - 1948

January	1.1697	1.2100	-.0403
February	1.1918	1.2240	-.0322
March	1.0961	1.0531	+.0430
April	1.0961	1.0531	+.0430
May	1.1184	1.0202	+.0982
June	1.1682	1.1185	+.0497
July	1.1914	1.2233	-.0319
August	1.2132	1.1011	+.1121
September	1.2516	1.5299	-.2783
October	1.2432	1.2507	-.0075
November	1.1968	1.0364	+.1604
December	1.1503	1.0917	+.0586
Mean (Average 1948)	1.1739	1.1593	+.0146 Gain

#### OUTPATIENT SERVICE 1948

Consolidated statistical data on the outpatient service, Military District of Washington, less Walter Reed General Hospital, and Class III installations for the 53 week period ending 31 December 1948, are indicated below:

##### ARMY:

Number of Outpatients ..... 99,113  
Number of Treatments.....127,225

##### NON ARMY:

Number of Outpatients ..... 50,872  
Number of Treatments .....145,999

NUMBER OF COMPLETE PHYSICAL EXAMINATIONS CONDUCTED..... 23,005  
NUMBER OF VACCINATIONS AND IMMUNIZATIONS ADMINISTERED..... 84,023

#### DENTAL SERVICE - 53 WEEK PERIOD ENDING 31 DECEMBER 1948

STATION	Offi- cers	Days of Duty	Sit- tings	Amal- gam	Oxy and Amal	Sili- cate	In- lays	Bridges	Bridge Repair	Crowns	Dentures			Ex- trac- tions	Calcu- lus Re- moved	X-Rays	Examin- ations
											Full	Par- tial	Re- pair				
Fort Belvoir	7	2,607	23,850	4,419	3,785	1,837	16	102	28	13	248	218	179	3,764	1,560	1,477	14,799
Fort McNair	2	706	7,372	2,841	1,311	729	26	14	21	38	38	132	33	527	672	735	4,060
Fort Myer (North Post)	3	903	8,402	2,464	792	832	27	33	27	37	57	176	124	776	374	6,928	4,377
Fort Myer (South Post)	1	479	3,765	1,405	636	166	0	8	10	21	29	86	15	399	77	875	1,324
General Dispensary, USA	6	2,106	27,323	4,614	1,706	1,794	50	87	74	64	133	20	160	1,827	2,445	9,647	7,700
All others	3	846	6,550	2,825	606	786	18	28	6	23	36	167	41	841	215	778	2,465
Total Mil Dist of Wash	22	7,647	77,262	18,568	8,836	6,144	137	272	166	196	541	799	552	8,134	5,343	20,440	34,725

Above report on days of duty and number of officers does not include civilians dentists.

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# CONSOLIDATED INDEX

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